Update for FICEMS on the Opioid Crisis

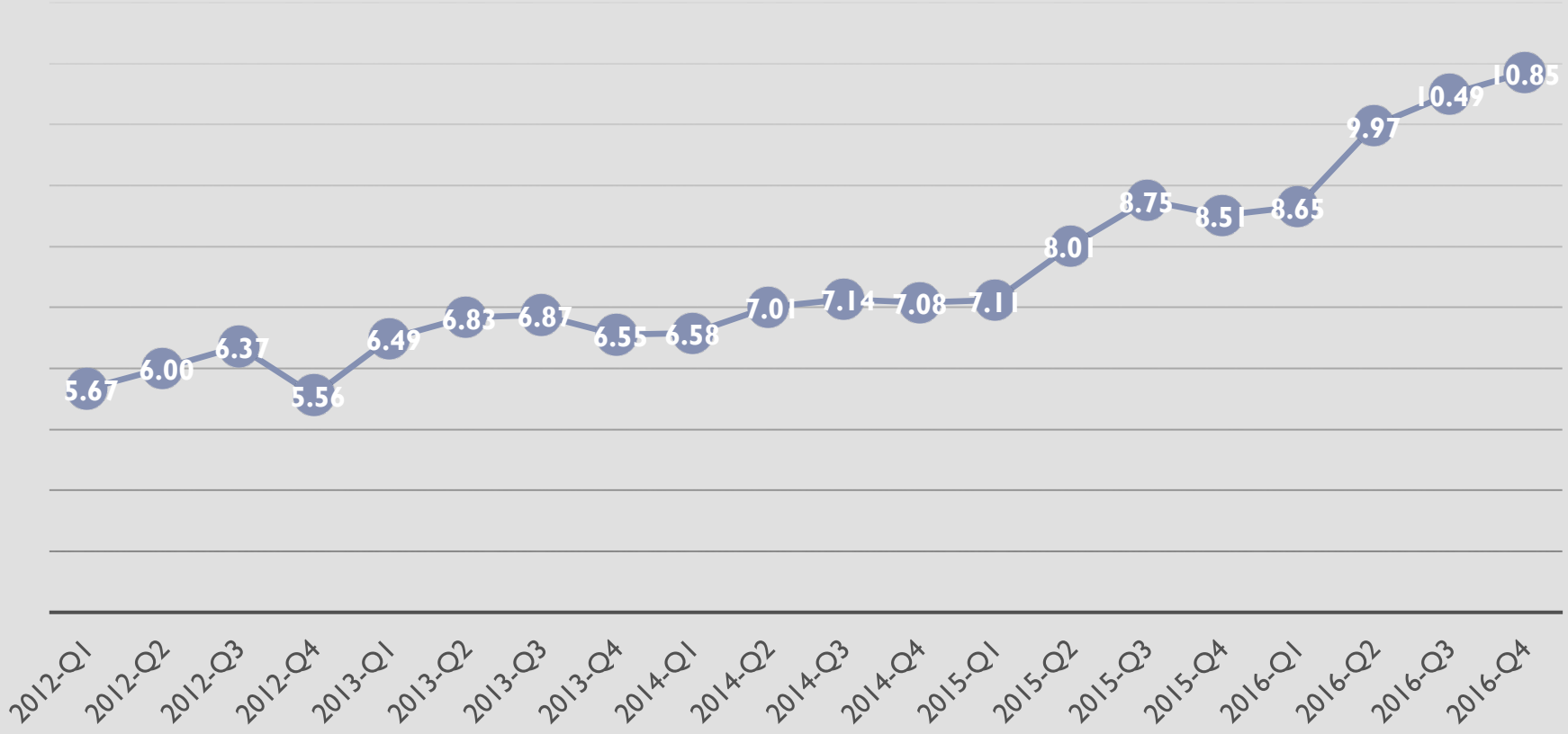
June 20, 2018

FICEMS

Federal Interagency Committee on EMS

1. Latest National-level NEMSIS Data on EMS Naloxone Administrations
2. EMS Evidence-based Guideline for the Suspected Opioid Overdose Patient
3. National EMS Scope of Practice Model – November 2017 Update
4. CMS Letter to State Medicaid Directors on Opportunities for Health IT Support related to the Opioid Crisis

Rate of Naloxone Administrations by EMS per 1,000 EMS Patient Encounters in the U.S., 2012 – 2016 by quarter



Data from the National Highway Traffic Safety Administration, National EMS Information System, National EMS Database
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ems.gov

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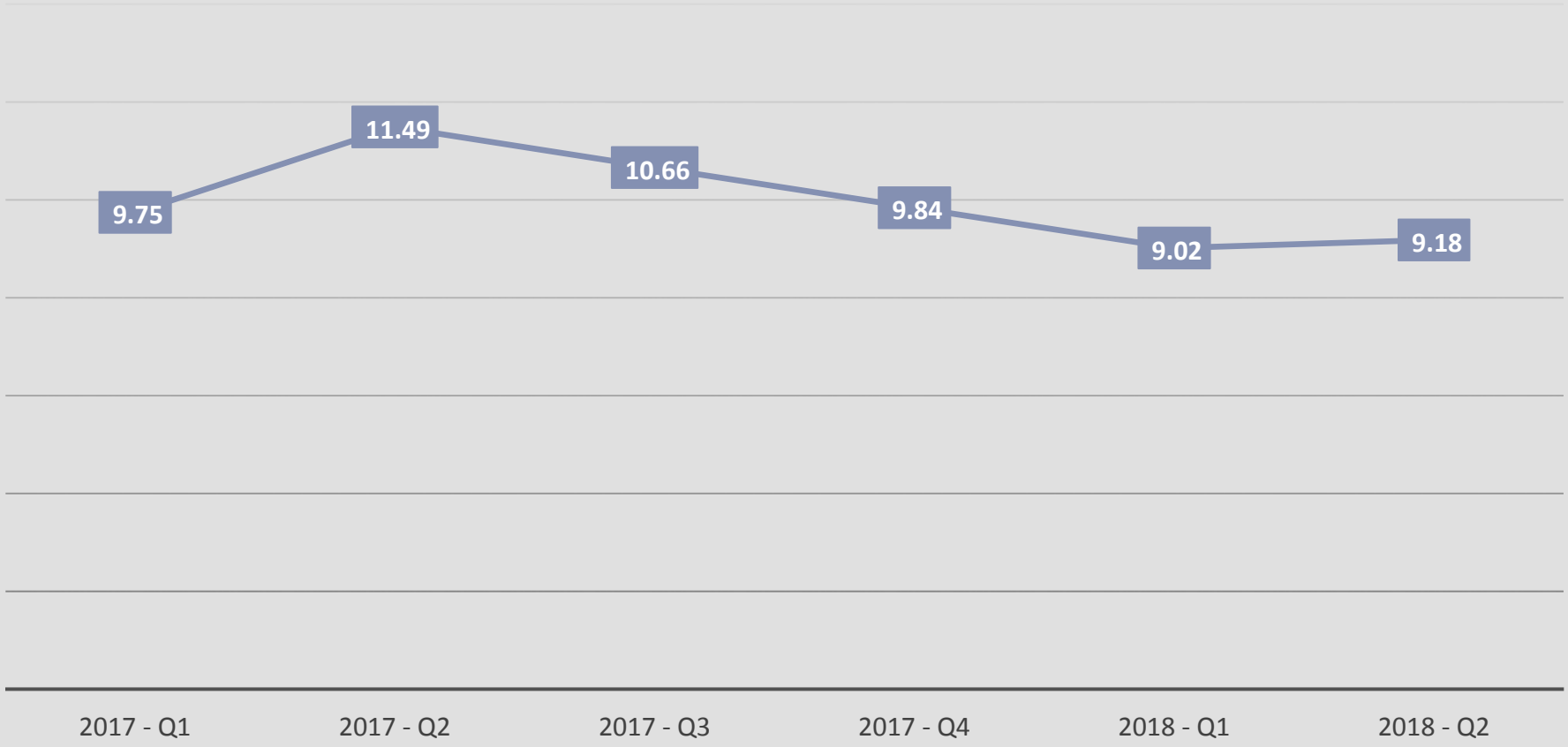

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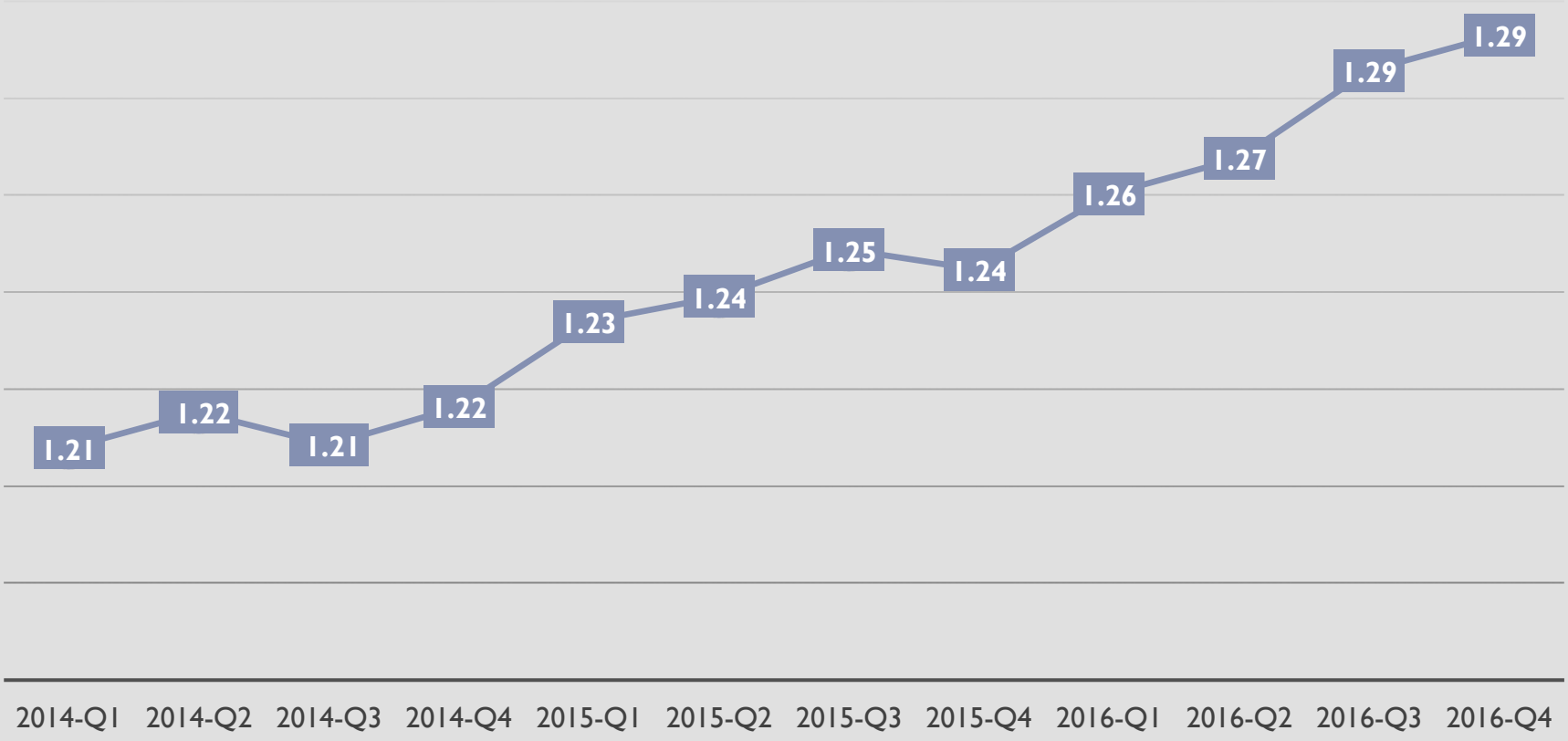

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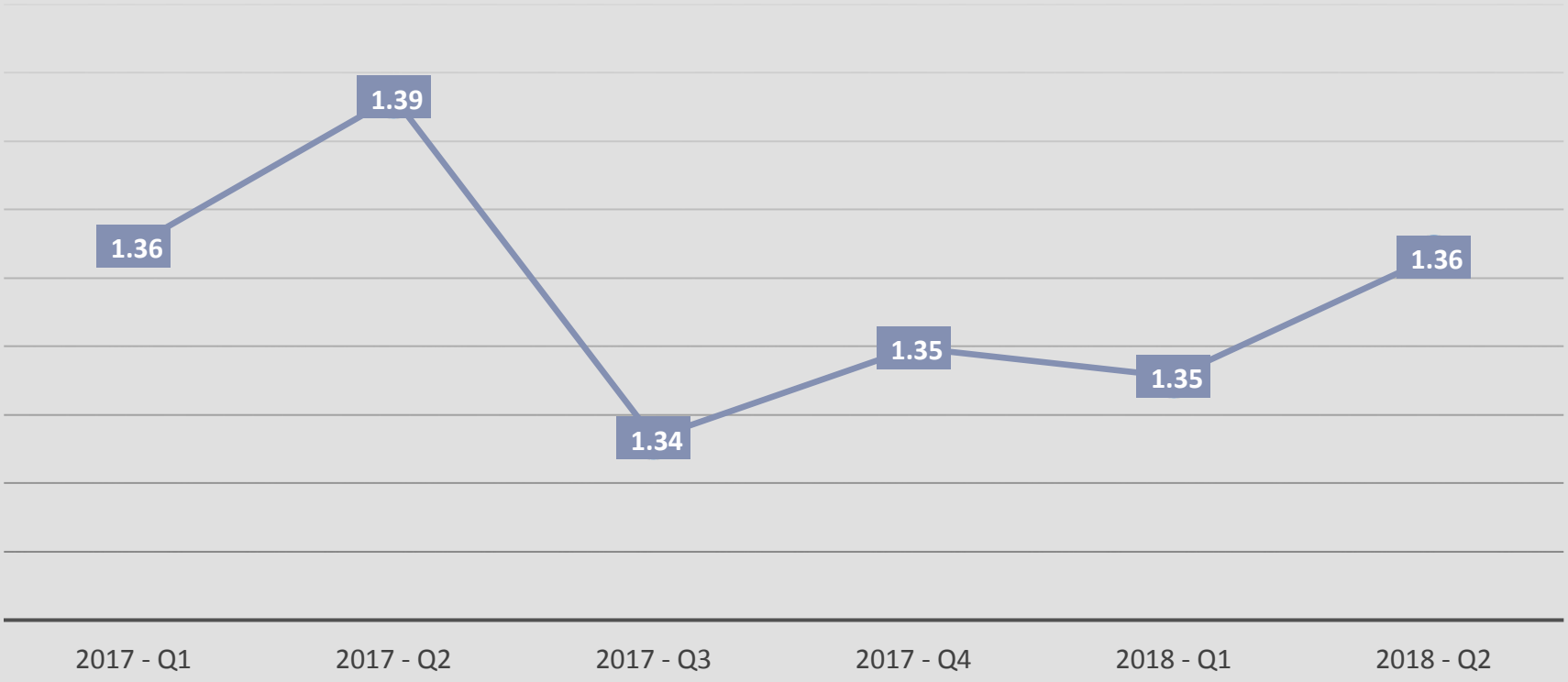

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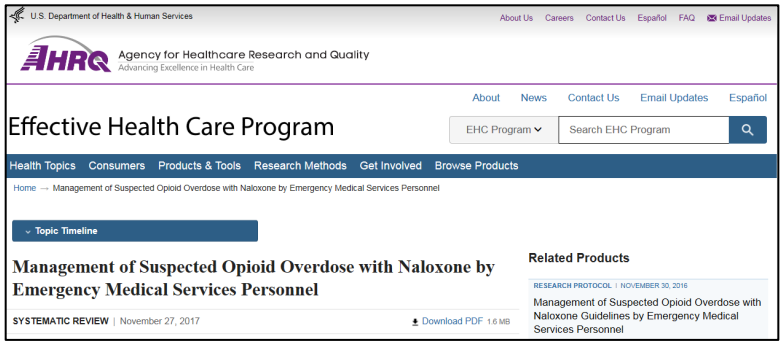
EMS Evidence-based Guideline for the Suspected Opioid Overdose Patient

1. CMS, NIDA, CDC, and NHTSA, with SAMHSA, coordination, funded an AHRQ **systematic review**, awarded to Oregon Health Sciences University

AHRQ published the finalized Systematic Review online **November 27, 2017**



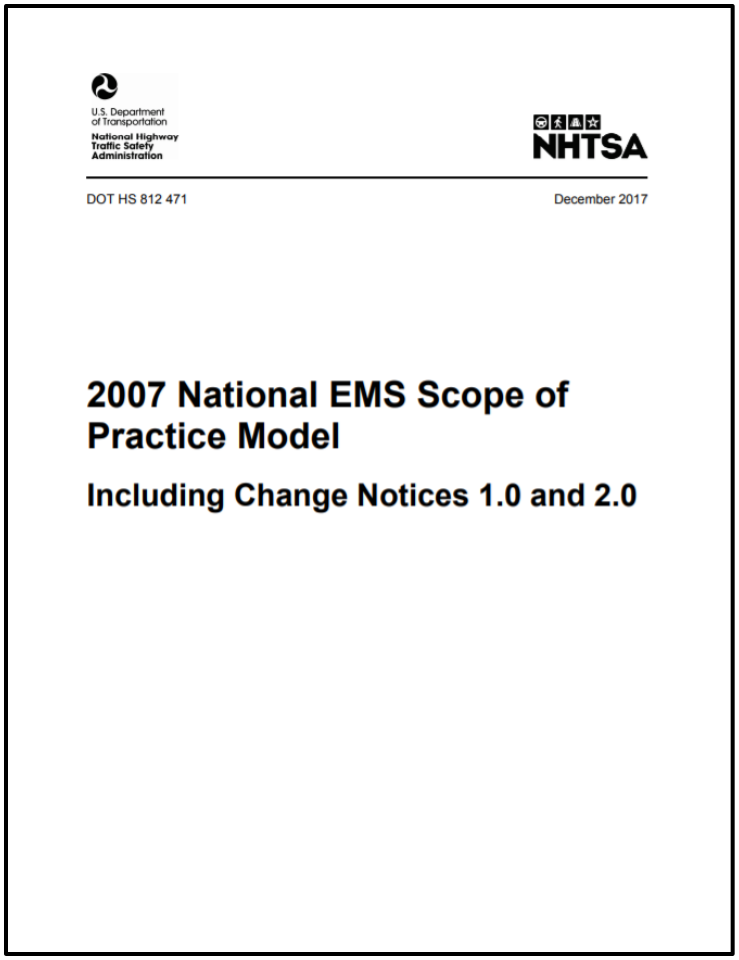
OHSU published a summary of the Systematic Review in Annals of Internal Medicine online **November 28, 2017**

2. Development of EMS **EBG** for Suspected Opioid Overdose patient awarded to NASEMSO in collaboration with ACEP and NAEMSP for 18-month period of performance; expected to be completed in **March 2019**

ems.gov

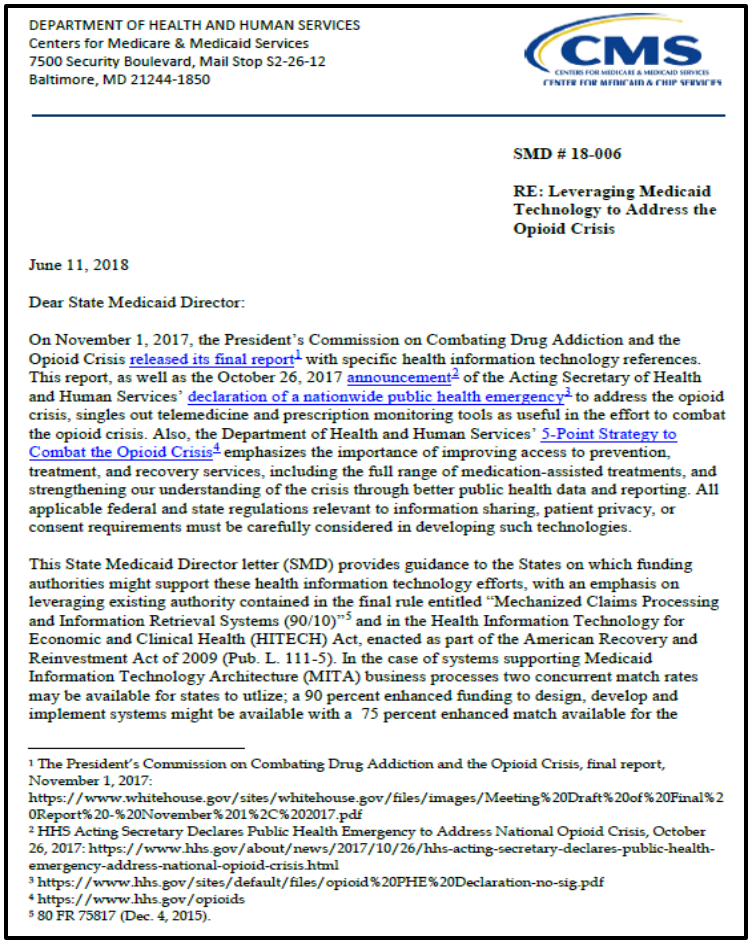
National EMS Scope of Practice Model – Update Project

1. Developed emergency update process; opiate antagonist used as test case
2. Opiate antagonists added to Emergency Medical Responder and Emergency Medical Technician Licensure Levels, effective **November 1, 2017**
3. Opiate antagonist emergent update incorporated into National EMS Scope Practice Model, posted online at EMS.gov in **December 2017**



CMS Letter to State Medicaid Directors on Opportunities for Health IT Support related to the Opioid Crisis

1. **June 11, 2018** letter from the Center for Medicare and Medicaid Services to State Medicaid Directors, provides guidance to States on funding opportunities for support of **health IT** related to **combatting the opioid crisis**
2. Opportunity for States to use 90/10 Medicaid funding to design, develop, and implement health IT systems; and 75/25 Medicaid funding for ongoing support of established health IT systems
3. https://www.medicaid.gov/federal-policy-guidance/downloads/smd18006.pdf



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES
CENTER FOR MEDICAID & CHIP SERVICES

SMD # 18-006

RE: Leveraging Medicaid Technology to Address the Opioid Crisis

June 11, 2018

Dear State Medicaid Director:

On November 1, 2017, the President's Commission on Combating Drug Addiction and the Opioid Crisis released its final report[1] with specific health information technology references. This report, as well as the October 26, 2017 announcement[2] of the Acting Secretary of Health and Human Services' declaration of a nationwide public health emergency[3] to address the opioid crisis, singles out telemedicine and prescription monitoring tools as useful in the effort to combat the opioid crisis. Also, the Department of Health and Human Services' 5-Point Strategy to Combat the Opioid Crisis[4] emphasizes the importance of improving access to prevention, treatment, and recovery services, including the full range of medication-assisted treatments, and strengthening our understanding of the crisis through better public health data and reporting. All applicable federal and state regulations relevant to information sharing, patient privacy, or consent requirements must be carefully considered in developing such technologies.

This State Medicaid Director letter (SMD) provides guidance to the States on which funding authorities might support these health information technology efforts, with an emphasis on leveraging existing authority contained in the final rule entitled "Mechanized Claims Processing and Information Retrieval Systems (90/10)"[5] and in the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted as part of the American Recovery and Reinvestment Act of 2009 (Pub. L. 111-5). In the case of systems supporting Medicaid Information Technology Architecture (MITA) business processes two concurrent match rates may be available for states to utlize; a 90 percent enhanced funding to design, develop and implement systems might be available with a 75 percent enhanced match available for the

[1] The President's Commission on Combating Drug Addiction and the Opioid Crisis, final report, November 1, 2017: https://www.whitehouse.gov/sites/whitehouse.gov/files/images/Meeting%20Draft%20of%20Final%20Report%20-%20November%201%2C%202017.pdf
[2] HHS Acting Secretary Declares Public Health Emergency to Address National Opioid Crisis, October 26, 2017: https://www.hhs.gov/about/news/2017/10/26/hhs-acting-secretary-declares-public-health-emergency-address-national-opioid-crisis.html
[3] https://www.hhs.gov/sites/default/files/opioid%20PHE%20Declaration-no-sig.pdf
[4] https://www.hhs.gov/opioids
[5] 80 FR 75817 (Dec. 4, 2015).

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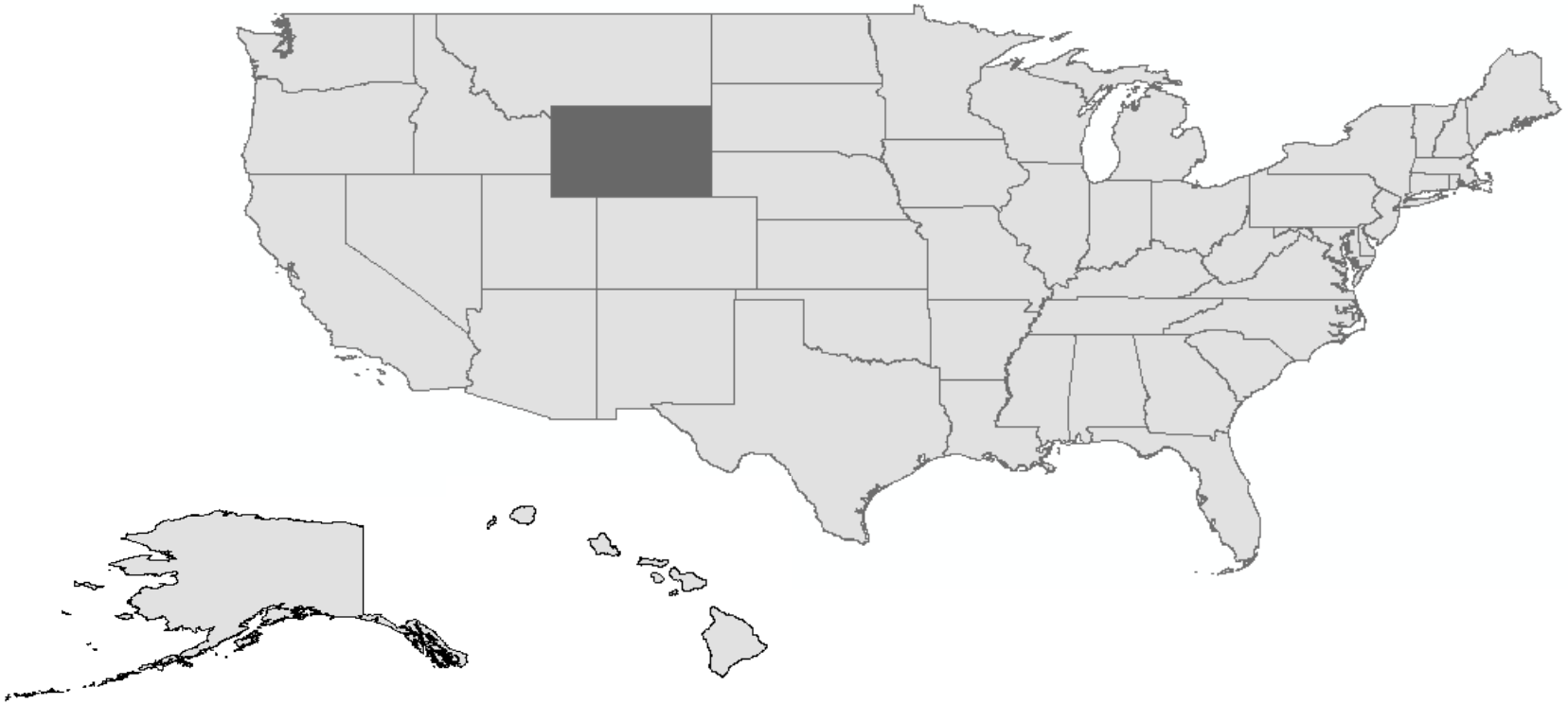
Office of Emergency Medical Services

nhtsa.ems@dot.gov

(202) 366-5440

EMS Licensure Levels Authority to Administer Opiate Antagonists as of December 1, 2017



All Existing Levels Authorized (49 States & DC)

Only AEMT and Paramedic Authorized (1)

ems.gov

The President's Commission on Drug Addiction and the Opioid Crisis

- Recommendation15: ONDCP and DEA; increase electronic prescribing for controlled substances
- Recommendation 16: Federal Government work with states; incorporate overdose and naloxone administration data into PDMPs
- Recommendation 20: Federal effort; strengthen data collection activities enabling real-time surveillance of the opioid crisis at the national, state, local, and tribal levels
- Recommendation 30: White House; develop a national outreach plan for the Fentanyl Safety Recommendations for First Responders
- Recommendation 43: NHTSA; review National Emergency Medical Services (EMS) Scope of Practice Model with respect to naloxone, and disseminate best practices for states that may need statutory or regulatory changes to allow Emergency Medical Technicians (EMT) to administer naloxone, including higher doses to account for the rising number of fentanyl overdoses

Fentanyl Safety Recommendations for First Responders

- "Protecting First Responders on the Frontlines of the Fentanyl Epidemic" working meeting organized and hosted by DHS Office of Health Affairs (OHA), in collaboration with NHTSA's Office of EMS was held on **September 6 – 7, 2017**

- ONDCP published Recommendations online in **November 2017**

FENTANYL†

SAFETY RECOMMENDATIONS FOR FIRST RESPONDERS

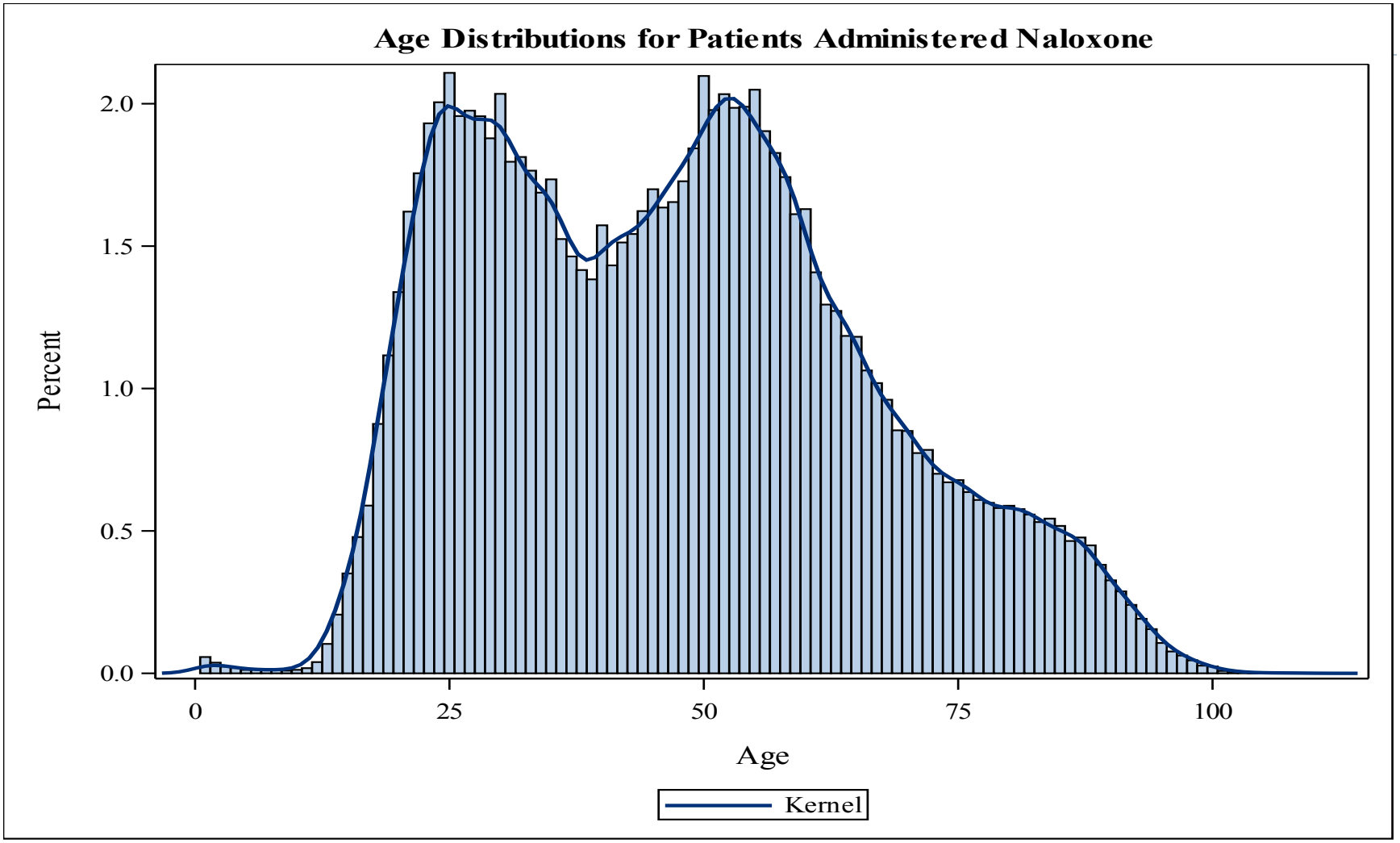
† For the purposes of this document, fentanyl, related substances, and synthetic opioids (herein after referred to as fentanyl†) includes fentanyl analogues (e.g., acetylfentanyl, acrylfentanyl, carfentanil, furanylfentanyl), novel synthetic opioids (e.g., U-47700), and other drugs that may be laced with these substances.

- **The abuse of drugs containing fentanyl† is killing Americans. Misinformation and inconsistent recommendations regarding fentanyl† have resulted in confusion in the first responder community.**
- You as a first responder (law enforcement, fire, rescue, and emergency medical services (EMS) personnel) are increasingly likely to encounter fentanyl† in your daily activities (e.g., responding to overdose calls, conducting traffic stops, arrests, and searches).
- This document provides scientific, evidence-based recommendations to protect yourself from exposure.

WHAT YOU NEED TO KNOW

- Fentanyl† can be present in a variety of forms (e.g., powder, tablets, capsules, solutions, and rocks).
- Inhalation of airborne powder is MOST LIKELY to lead to harmful effects, but is less likely to occur than skin contact.
- Incidental skin contact may occur during daily activities but is not expected to lead to harmful effects if the contaminated skin is promptly washed off with water.

EMS Opiate Antagonist Administrations 2012 - 2015



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Pediatric Opiate Antagonist Administrations by EMS
2012 - 2015

Age	Gender		
Frequency	Male	Female	Total
1	150	94	244
2	110	72	182
3	55	59	114
4	52	37	89
5	33	26	59
6	40	20	60
7	35	18	53
8	39	24	63
9	30	17	47
10	32	27	59
11	54	35	89
12	87	103	190
13	211	291	502
14	444	562	1,006
15	829	876	1,705
16	1,220	1114	2,334
17	1,632	1230	2,862
18	2,472	1796	4,268
Total	**7,525**	**6,401**	**13,926**

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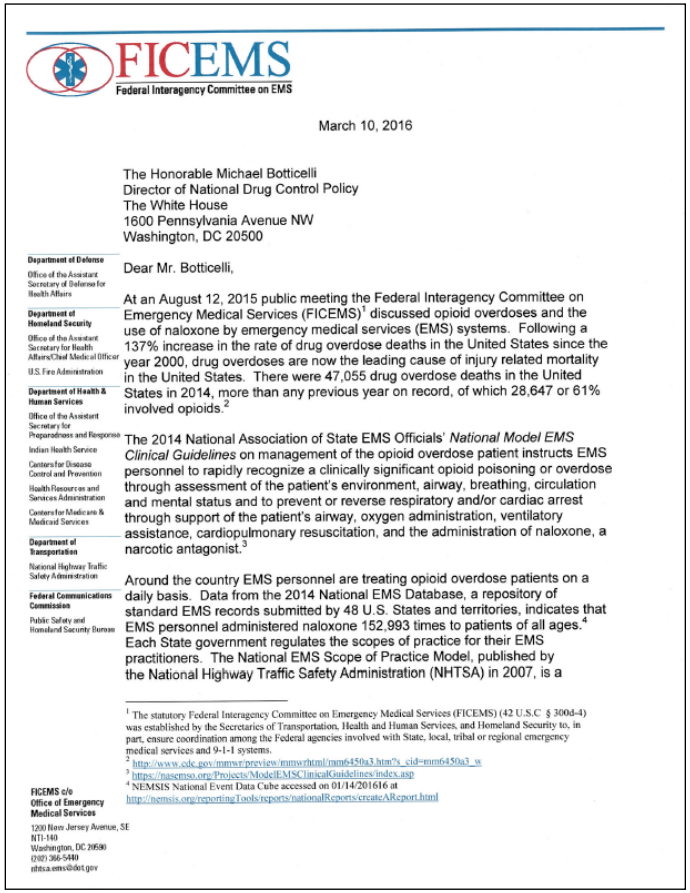
Federal Interagency Committee on EMS



FICEMS
Federal Interagency Committee on EMS

March 10, 2016

The Honorable Michael Botticelli
Director of National Drug Control Policy
The White House
1600 Pennsylvania Avenue NW
Washington, DC 20500

Department of Defense
Office of the Assistant Secretary of Defense for Health Affairs
Department of Homeland Security
Office of the Assistant Secretary for Health Affairs/Chief Medical Officer
U.S. Fire Administration
Department of Health & Human Services
Office of the Assistant Secretary for Preparedness and Response
Indian Health Service
Centers for Disease Control and Prevention
Health Resources and Services Administration
Centers for Medicare & Medicaid Services
Department of Transportation
National Highway Traffic Safety Administration
Federal Communications Commission
Public Safety and Homeland Security Bureau

Dear Mr. Botticelli,

At an August 12, 2015 public meeting the Federal Interagency Committee on Emergency Medical Services (FICEMS)[1] discussed opioid overdoses and the use of naloxone by emergency medical services (EMS) systems. Following a 137% increase in the rate of drug overdose deaths in the United States since the year 2000, drug overdoses are now the leading cause of injury related mortality in the United States. There were 47,055 drug overdose deaths in the United States in 2014, more than any previous year on record, of which 28,647 or 61% involved opioids.[2]

The 2014 National Association of State EMS Officials' *National Model EMS Clinical Guidelines* on management of the opioid overdose patient instructs EMS personnel to rapidly recognize a clinically significant opioid poisoning or overdose through assessment of the patient's environment, airway, breathing, circulation and mental status and to prevent or reverse respiratory and/or cardiac arrest through support of the patient's airway, oxygen administration, ventilatory assistance, cardiopulmonary resuscitation, and the administration of naloxone, a narcotic antagonist.[3]

Around the country EMS personnel are treating opioid overdose patients on a daily basis. Data from the 2014 National EMS Database, a repository of standard EMS records submitted by 48 U.S. States and territories, indicates that EMS personnel administered naloxone 152,993 times to patients of all ages.[4] Each State government regulates the scopes of practice for their EMS practitioners. The National EMS Scope of Practice Model, published by the National Highway Traffic Safety Administration (NHTSA) in 2007, is a

[1] The statutory Federal Interagency Committee on Emergency Medical Services (FICEMS) (42 U.S.C § 300d-4) was established by the Secretaries of Transportation, Health and Human Services, and Homeland Security to, in part, ensure coordination among the Federal agencies involved with State, local, tribal or regional emergency medical services and 9-1-1 systems.
[2] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w
[3] https://nasemso.org/Projects/ModelEMSClinicalGuidelines/index.asp
[4] NEMSIS National Event Data Cube accessed on 01/14/201616 at http://nemsis.org/reportingTools/reports/nationalReports/createAReport.html

FICEMS c/o
Office of Emergency Medical Services
1200 New Jersey Avenue, SE
NTI-140
Washington, DC 20590
(202) 366-5400
nhtsa.ems@dot.gov

- On **March 10, 2016** sent a letter to the Director of the Office of National Drug Control Policy
- The letter outlined several FICEMS planned actions to respond to the nation's opioid overdose epidemic

FICEMS

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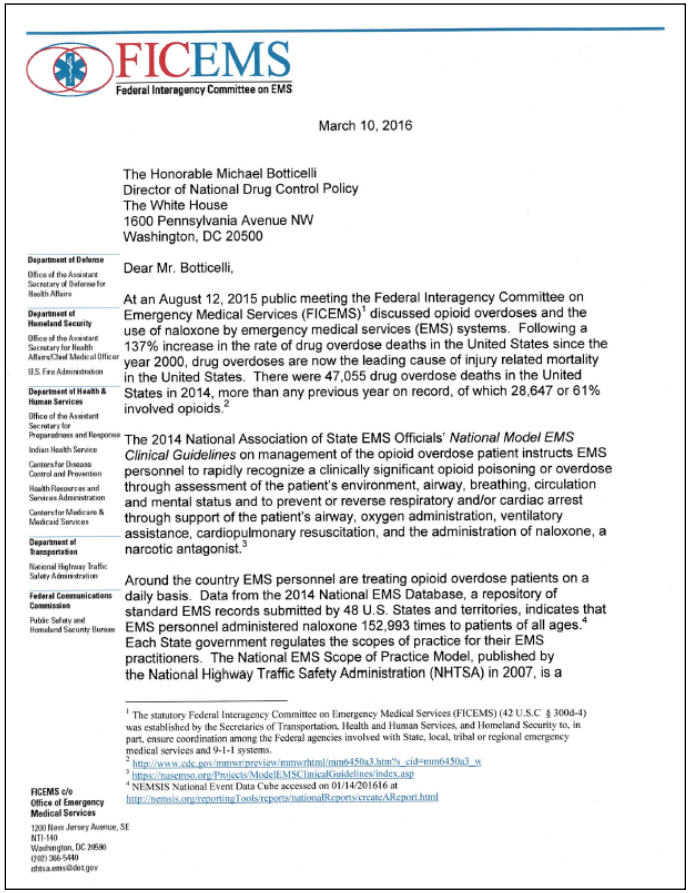

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NTI-140
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ntitsa.ems@dot.gov

- "It is the intent of FICEMS that EMS systems be fully integrated and coordinated with community-wide efforts to plan and respond to opioid overdoses. In order to support positive medical outcomes **the administration of narcotic antagonists**, such as naloxone, by emergency responders should be **coordinated with EMS system physician medical directors.**"

FICEMS

Federal Interagency Committee on EMS

- "FICEMS will assess the viability of developing an **evidence based guideline** for the **prehospital management** of patients suffering from **opioid overdose**"
  - In **September 2014** NASEMSO, with NHTSA and HRSA funding support, published a **national model clinical guideline** for managing **opioid poisoning/overdose** patients
  - In **April 2016** CMS, NIDA, CDC, and NHTSA, with SAMHSA, coordination, funded an AHRQ **systematic review** (i.e.: literature synthesis)
  - AHRQ has awarded the systematic review to Oregon Health Sciences University
  - NHTSA is planning to complete the **evidence based guideline in 2017**

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- "CDC, NHTSA, and other agencies will continue to examine opportunities for **collaborative research** related to the **EMS response** to the opioid overdose epidemic"
  - With the support of CDC and the FDA, the NHTSA/ OEMS has designed a retrospective study to **examine the effect of state policy changes** that authorized additional levels of EMS practitioners to administer naloxone.
  - Began analysis in **July 2017** with final results expected this fall

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- "NHTSA and the National Center for Disaster Medicine and Public Health (NCDMPH) will host a workshop on the use of **electronic learning management systems (eLMS)** by EMS systems. One focus of the workshop will be the use of eLMS to efficiently deliver **training to EMS personnel on naloxone administration** and other lifesaving interventions"
  - On **April 4, 2016** NHTSA and NCDMPH met with **NASEMSO's Education and Professional Standards Council**
  - Follow up workshop in Albuquerque in **September 2016**

NHTSA Planned Actions & Updates

- NHTSA requested advice from the statutory **National EMS Advisory Council (NEMSAC)** on whether NHTSA should publish an interim addendum to the National EMS Scope of Practice Model recommending administration of narcotic antagonists be included in the EMR and EMT scopes of practice.
  - In **April 2016**, NHTSA submitted a request for advice to the NEMSAC
  - A NEMSAC subcommittee is reviewing the question, gathering information and will provide recommendations to the full NEMSAC
  - Beginning **May 2016**, the NEMSAC subcommittee has been holding biweekly meetings to draft a report in response
  - On **September 7 and 8 2016**, the NEMSAC will deliberate the subcommittee's draft recommendation

ems.gov

Additional Efforts (cont.)

- CDC Enhanced State Surveillance of Opioid-Involved Morbidity and Mortality State Grants
  - Closing Date **June 27, 2016**
  - Eleven States expected to be awarded
  - $11,550,000 in estimated total program funding
- Three Strategies for Applicants:
  - Increase the timeliness of aggregate nonfatal opioid overdose reporting (focus on ED and EMS data)
  - Increase the timeliness of fatal opioid overdose and associated risk factor reporting
  - Disseminate surveillance findings to key stakeholders working to prevent or respond to opioid overdoses

Keys to an Effective EMS Response

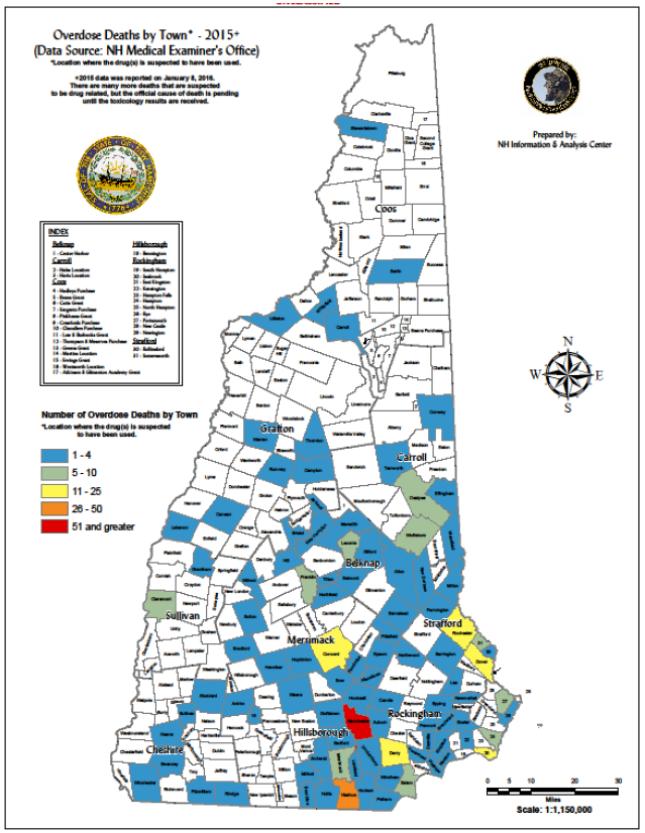
- Public Health Surveillance
- Prevention
- Measurement & Evaluation
- Public Safety, EMS and Community Coordination
- Rehabilitation
- Effective & Evidence-based Patient-Care
  - Includes Naloxone

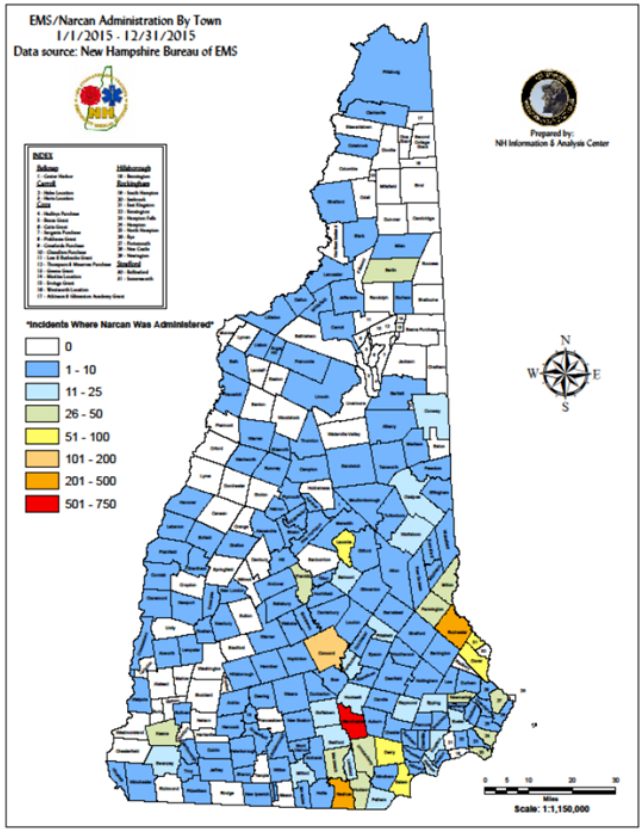
Additional Efforts (cont.)

- **Comprehensive Addiction and Recovery Act (CARA)** of 2016
  - Signed into law on **July 22, 2016**
- CARA includes authorization for:
  - HHS led Inter-Agency Task Force on **best practices for pain management**, in coordination with VA, DoD, and DEA
  - DOJ led Opioid Abuse Grant Programs for States, local governments, and Indian tribes which can be used to provide **training and resources for first responders**
  - HHS led Opioid Overdose Reversal Medication Access and Education Grant Program for States
  - Examining Opioid Treatment Infrastructure Act
  - **Veteran Emergency Medical Technician Support Act**

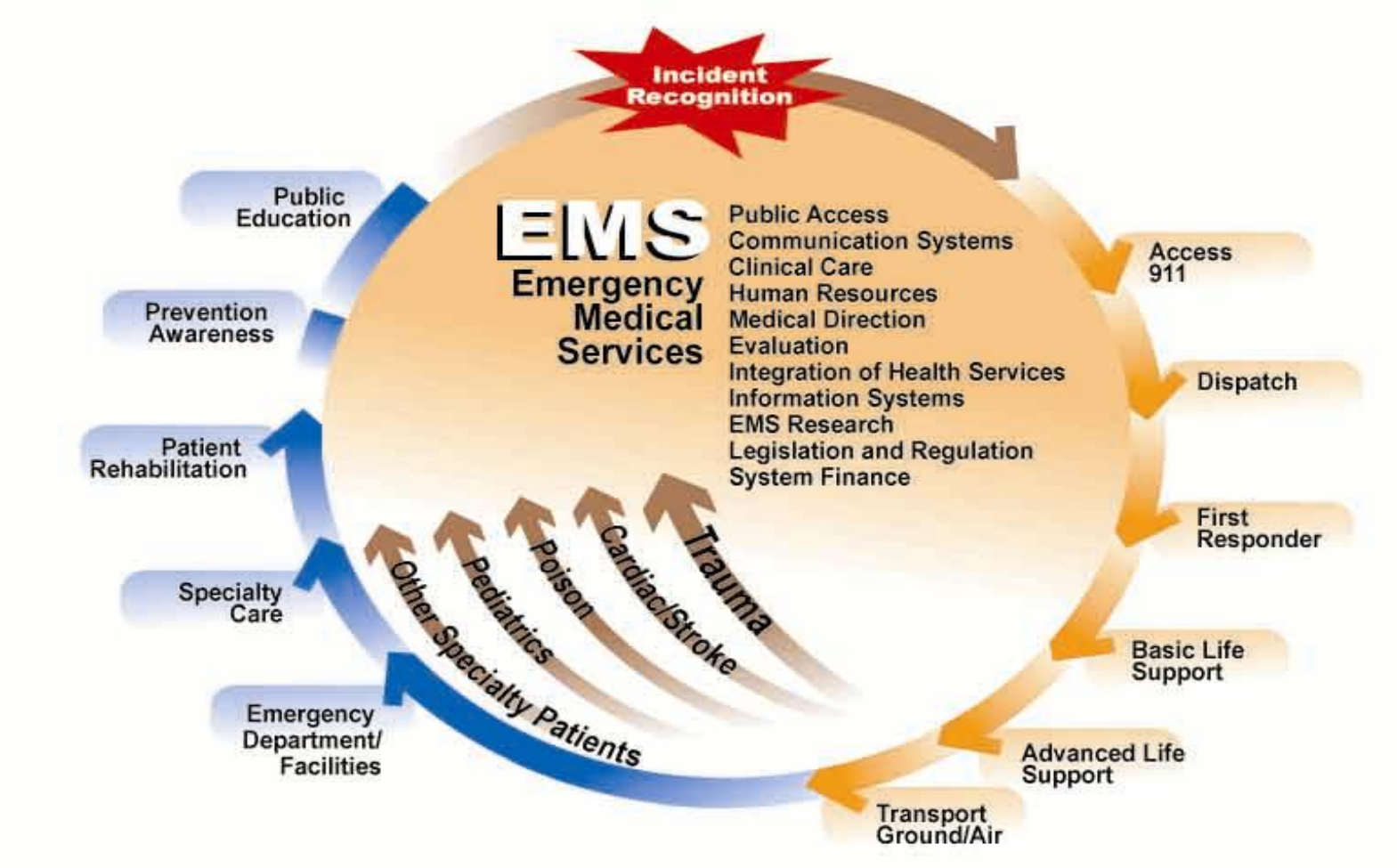
Additional Efforts

- In **August 2016, EMS Focus Webinar** on the role of EMS and syndromic surveillance in combatting the opioid overdose epidemic





Emergency Medical Services



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National EMS Information System

- **47,055 drug overdose deaths** in 2014 (CDC)
  - **28,647 deaths** involved **opioids** (CDC)
- EMS personnel **administered naloxone 152,993 times** to patients of all ages in 2014

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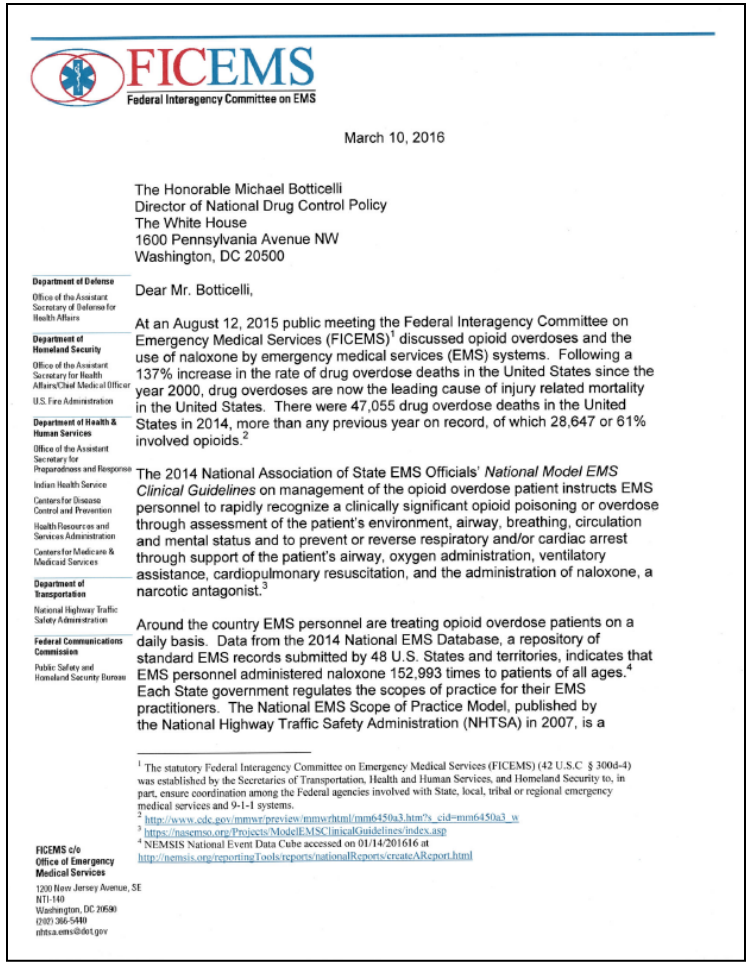

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- "FICEMS will assess the viability of developing an **evidence based guideline** for the **prehospital management** of patients suffering from **opioid overdose**"
  - An **evidence based guideline (EBG)** is the **gold standard** for EMS clinical care
  - For example: An American College of Surgeons EBG is the basis for the White House's STOP THE BLEED campaign

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Federal Interagency Committee on EMS

- "FICEMS will assess the viability of developing an **evidence based guideline** for the **prehospital management** of patients suffering from **opioid overdose**"
  - In **September 2014** NASEMSO, with NHTSA and HRSA funding support, published a **national model clinical guideline** for managing **opioid poisoning/overdose** patients
  - In **April 2016** NHTSA, SAMHSA, CMS, CDC and NIDA coordinated funding to AHRQ for a **literature synthesis**
  - **National Association of EMS Physicians (NAEMSP)** has expressed interest in completing the **evidence based guideline in 2017**

FICEMS

Federal Interagency Committee on EMS

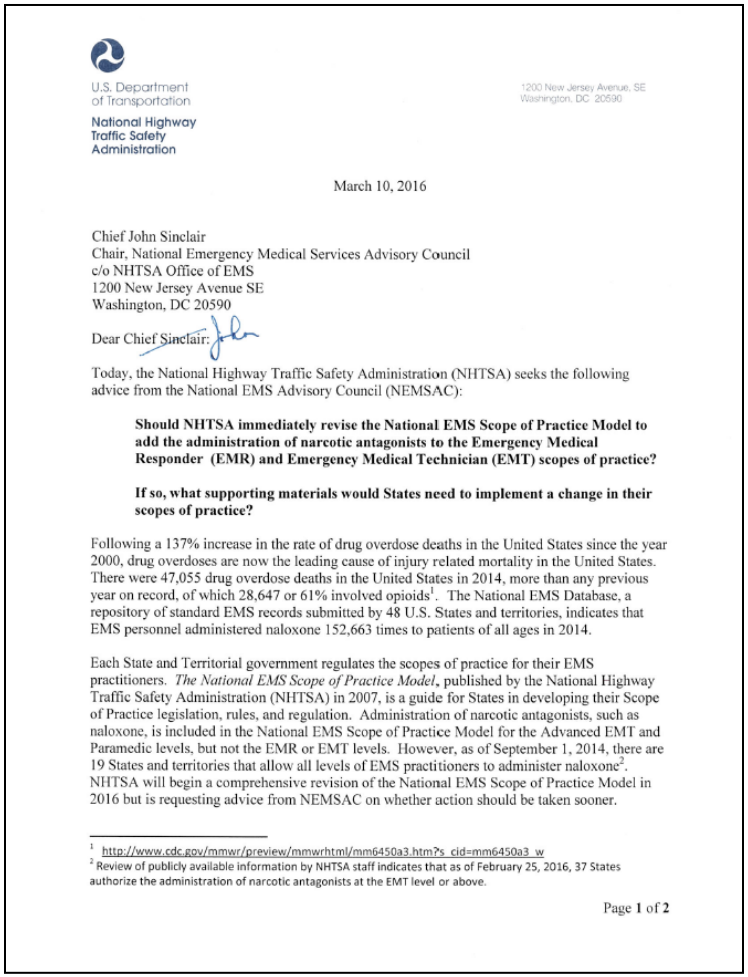
- "CDC, NHTSA, and other agencies will continue to examine opportunities for **collaborative research** related to the **EMS response** to the opioid overdose epidemic"
  - Naloxone re-administration
  - Effect of changes in State policy on the frequency of naloxone administration

FICEMS

Federal Interagency Committee on EMS

- "NHTSA and the National Center for Disaster Medicine and Public Health (NCDMPH) will host a workshop on the use of **electronic learning management systems (eLMS)** by EMS systems. One focus of the workshop will be the use of eLMS to efficiently deliver **training to EMS personnel on naloxone administration** and other lifesaving interventions"
  - On **April 4, 2016** NHTSA and NCDMPH met with **NASEMSO's Education and Professional Standards Council**
  - Follow up workshop in Albuquerque in September 2016

NEMSAC



U.S. Department of Transportation
National Highway Traffic Safety Administration

1200 New Jersey Avenue, SE
Washington, DC 20590

March 10, 2016

Chief John Sinclair
Chair, National Emergency Medical Services Advisory Council
c/o NHTSA Office of EMS
1200 New Jersey Avenue SE
Washington, DC 20590

Dear Chief Sinclair:

Today, the National Highway Traffic Safety Administration (NHTSA) seeks the following advice from the National EMS Advisory Council (NEMSAC):

Should NHTSA immediately revise the National EMS Scope of Practice Model to add the administration of narcotic antagonists to the Emergency Medical Responder (EMR) and Emergency Medical Technician (EMT) scopes of practice?

If so, what supporting materials would States need to implement a change in their scopes of practice?

Following a 137% increase in the rate of drug overdose deaths in the United States since the year 2000, drug overdoses are now the leading cause of injury related mortality in the United States. There were 47,055 drug overdose deaths in the United States in 2014, more than any previous year on record, of which 28,647 or 61% involved opioids[1]. The National EMS Database, a repository of standard EMS records submitted by 48 U.S. States and territories, indicates that EMS personnel administered naloxone 152,663 times to patients of all ages in 2014.

Each State and Territorial government regulates the scopes of practice for their EMS practitioners. *The National EMS Scope of Practice Model*, published by the National Highway Traffic Safety Administration (NHTSA) in 2007, is a guide for States in developing their Scope of Practice legislation, rules, and regulation. Administration of narcotic antagonists, such as naloxone, is included in the National EMS Scope of Practice Model for the Advanced EMT and Paramedic levels, but not the EMR or EMT levels. However, as of September 1, 2014, there are 19 States and territories that allow all levels of EMS practitioners to administer naloxone[2]. NHTSA will begin a comprehensive revision of the National EMS Scope of Practice Model in 2016 but is requesting advice from NEMSAC on whether action should be taken sooner.

[1] http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6450a3.htm?s_cid=mm6450a3_w
[2] Review of publicly available information by NHTSA staff indicates that as of February 25, 2016, 37 States authorize the administration of narcotic antagonists at the EMT level or above.

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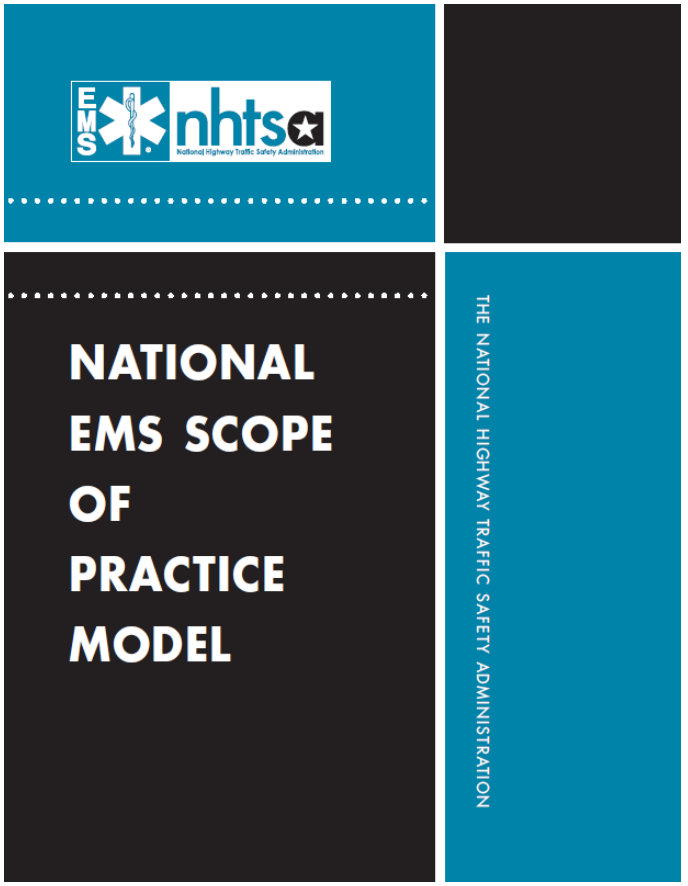
- Should NHTSA immediately revise the **National EMS Scope of Practice Model** to add the administration of narcotic antagonists to the **EMR** and **EMT** scopes of practice?
- If so, what supporting materials would **States** need to implement a change in their scopes of practice?

ems.gov

National EMS Scope of Practice Model (2007)

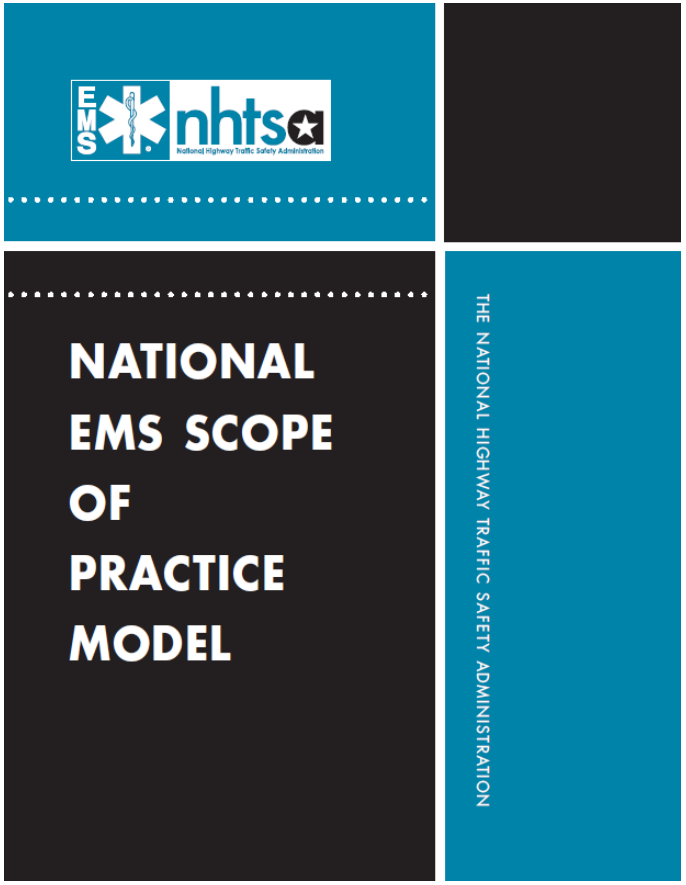
- Guide for States in developing their Scope of Practice legislation, rules, and regulation

- Represents a "floor" for States to use in developing their own EMS Scopes of Practice



National EMS Scope of Practice Model (2007)

- **Paramedic**
  - Advanced emergency medical care
- **Advanced Emergency Medical Technician (AEMT)**
  - Basic and limited advanced emergency medical care and transportation
- **Emergency Medical Technician (EMT)**
  - Basic emergency medical care and transportation
- **Emergency Medical Responder (EMR)**
  - Initiates immediate lifesaving care

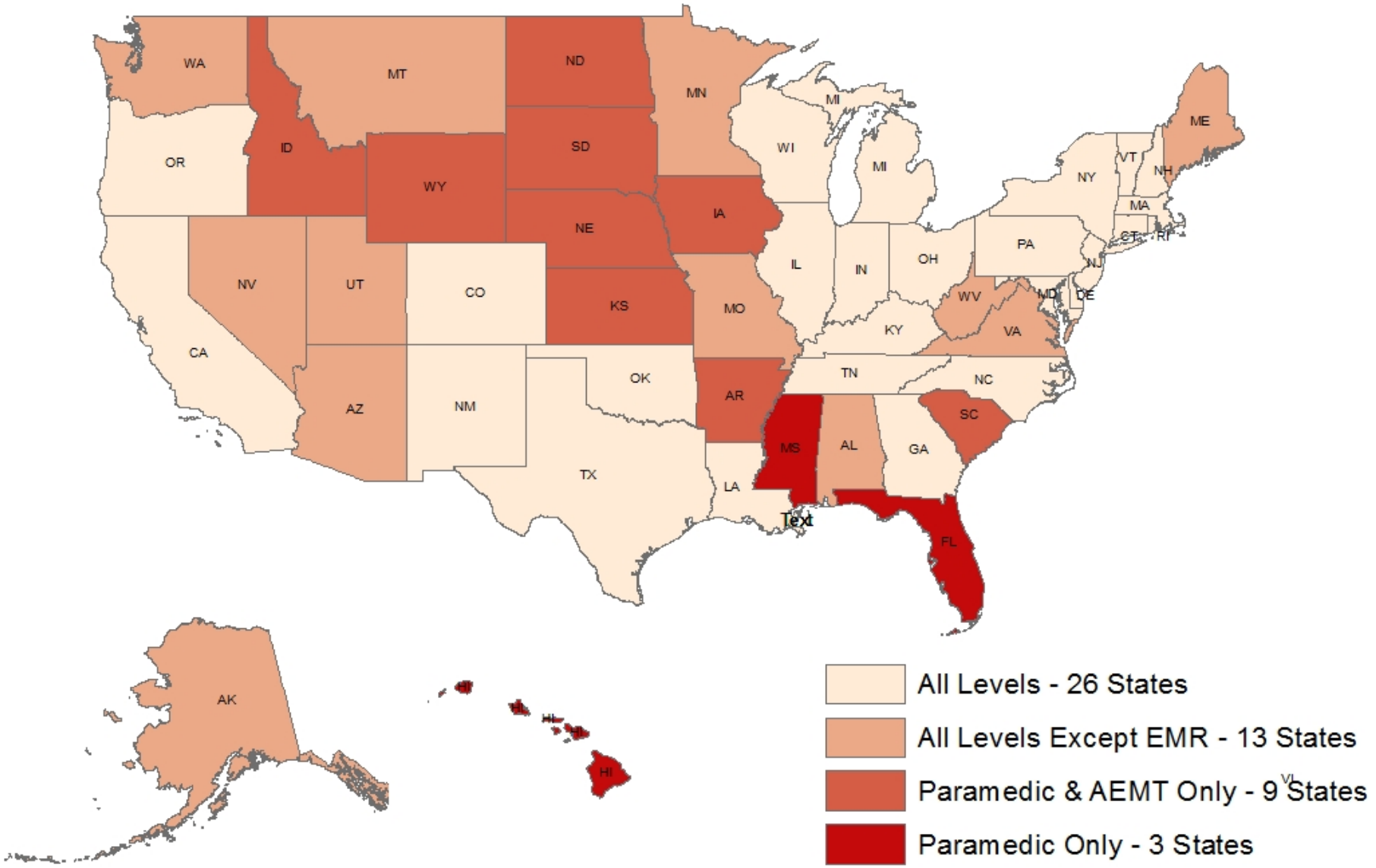


National EMS Scope of Practice Model (2007)

Pharmacological Intervention Minimum Psychomotor Skill Set

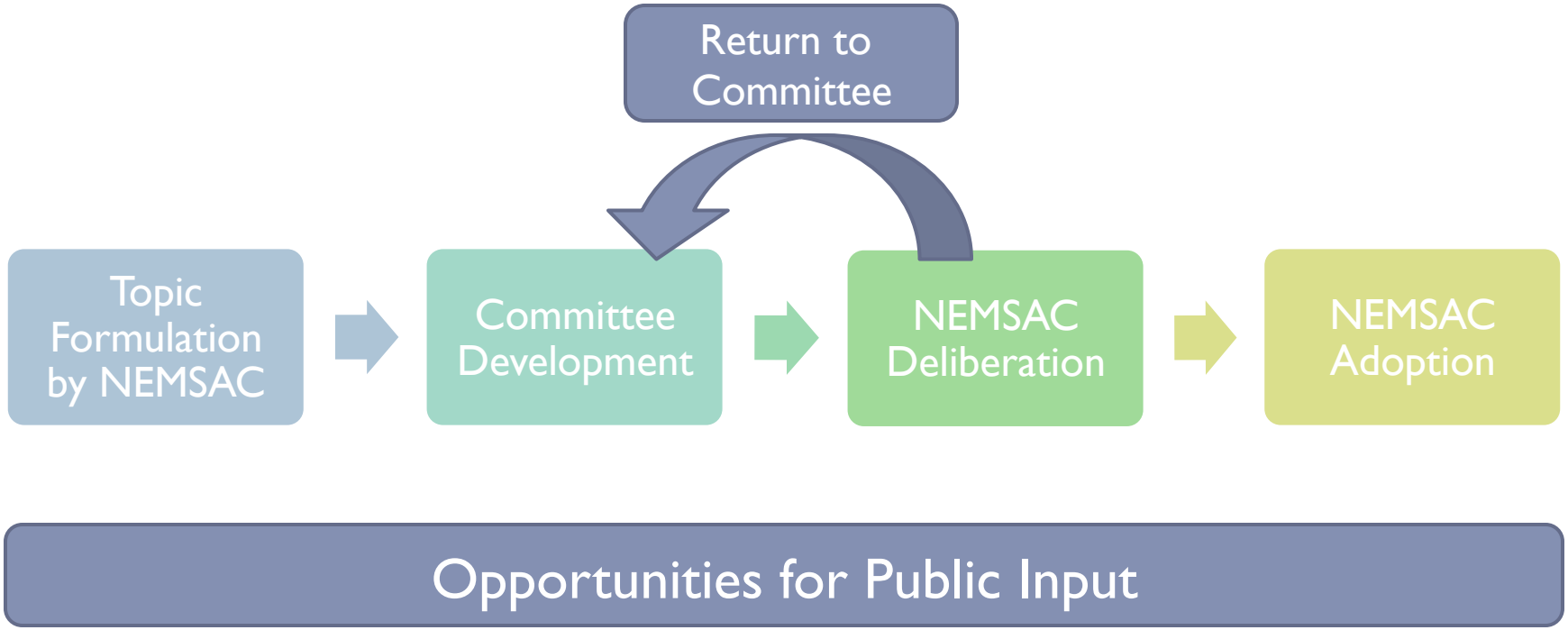
Emergency Medical Responder	Emergency Medical Technician	Advanced EMT	Paramedic
Tech of Med Administration -Unit dose auto-injectors for self or peer care (MARK I)	Assisted Medications -Assisting a patient in administering his/her own prescribed medications, including auto-injection Tech of Med Administration -Buccal -Oral Administered Meds -PHYSICIAN-approved over-the-counter medications (oral glucose, ASA for chest pain of suspected ischemic origin)	Peripheral IV insertion IV fluid infusion Pediatric IO Tech of Med Administration -Aerosolized -Subcutaneous -Intramuscular -Nebulized -Sublingual -Intranasal -IV push of D50 and narcotic antagonist only Administered Meds -SL Nitroglycerine for chest pain of suspected ischemic origin -SQ or IM epinephrine for anaphylaxis -glucagon and IV D50 for hypoglycemia -Inhaled beta agonist for dyspnea and wheezing -Narcotic antagonist -Nitrous oxide for pain relief	Central line monitoring IO insertion Venous blood sampling Tech of Med Administration -Endotracheal -IV (push and infusion) -NG -Rectal -IO -Topical -Accessing implanted central IV port Administered Meds -Physician-approved medications -Maintenance of blood administration -Thrombolytics initiation

EMS Naloxone Administration by Practitioner Level as of March 1, 2016 *



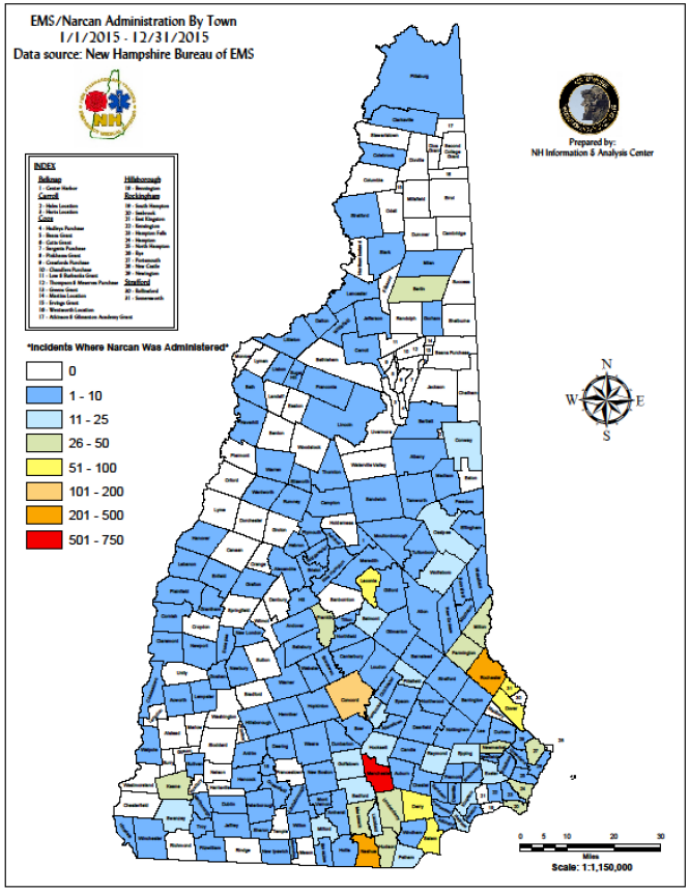
** State policy information drawn from publically available sources online*

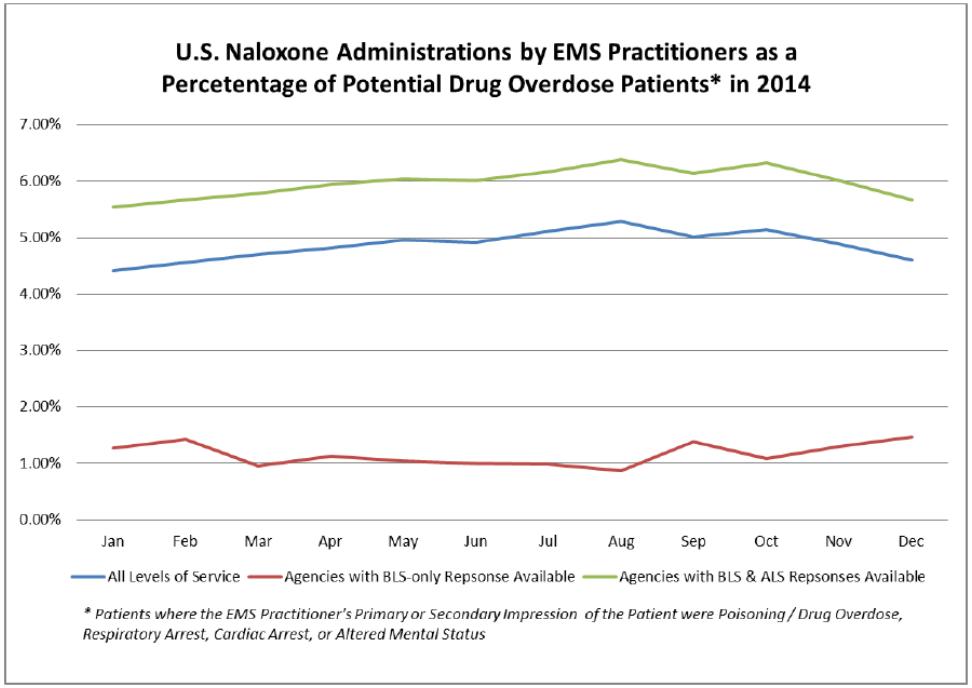
The NEMSAC Adoption Process



Next Steps and Further Research

- Using EMS data for real-time syndromic surveillance





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